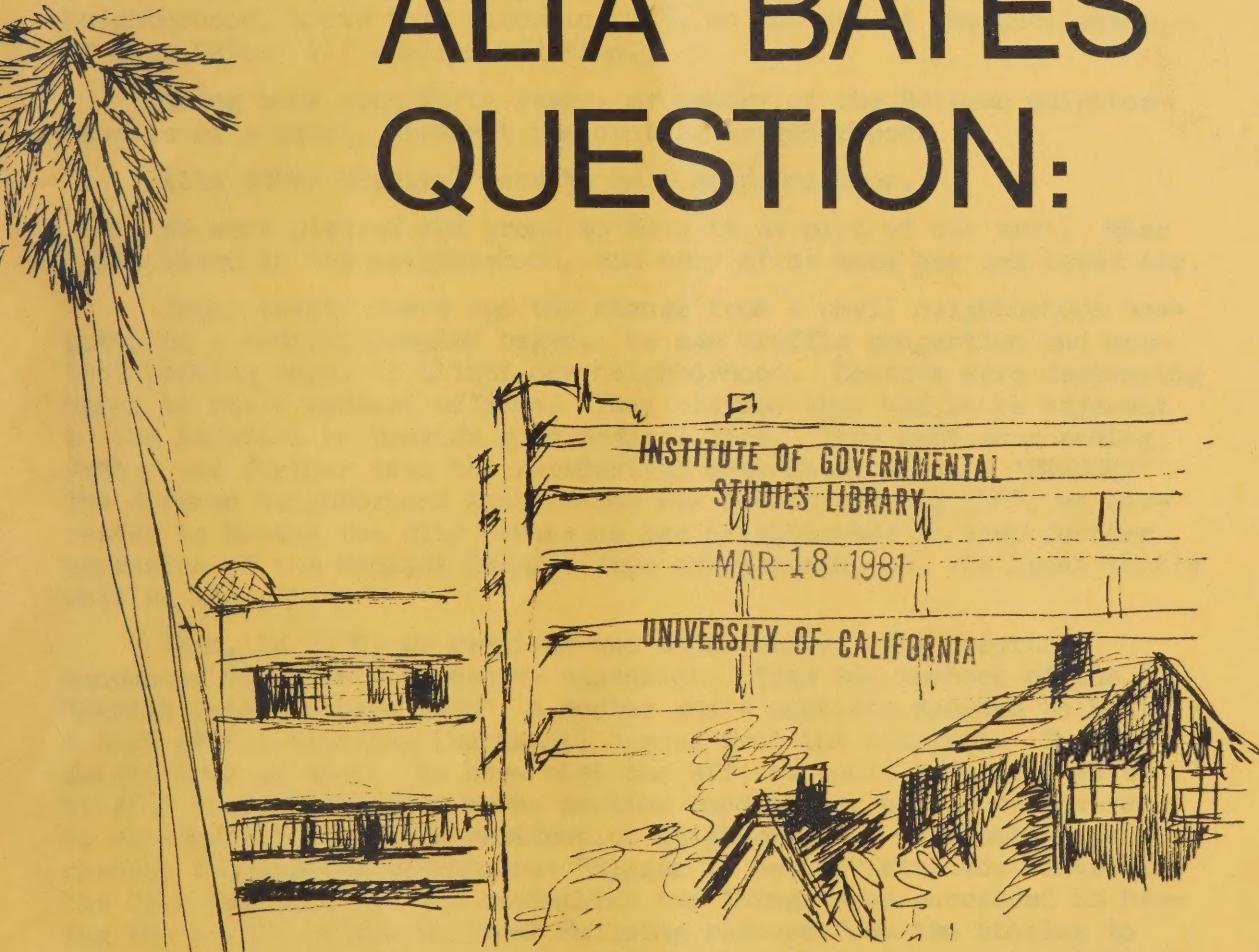


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[Bateman Neighborhood Assoc]
[1980]

THE ALTA BATES QUESTION:



A Report from the Neighborhood

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Alta Bates - Once a Good Neighbor

(Note: The late Frank White, a lifetime resident of the Bateman Neighborhood, wrote this piece in 1975, on the eve of the dedication of Alta Bates' \$17 million addition.)

Going back some fifty years, my memory of the Bateman neighborhood is of a quiet, pleasant residential neighborhood.

Alta Bates Hospital used to be a good neighbor.

We were pleased and proud to have it as part of our area. Miss Bates lived in the neighborhood, and many of us knew her and loved her.

About twenty years ago the change from a small neighborhood hospital to a Medical Complex began. We saw traffic congestion and medical parking begin to blight our neighborhood. Doctors were destroying homes to build medical offices. They claimed they had to be adjacent to the hospital to provide good medical care. They kept encroaching further and further into the residential area until we said "ENOUGH!" The Bateman Neighborhood Association was formed and, in 1967, we succeeded in having the city down-zone the neighborhood to keep further expansion of the Medical Complex from overwhelming us. At least that's what we thought.

Then, in 1970, we received two major blows. The hospital announced its plan for massive expansion. Then two members of the "Health Care Services Team", a doctor and a dentist, decided to build a huge office building (Huntmont) across from the hospital. The BNA fought both of them. We knew what the effects would be - even worse traffic congestion, even worse parking conditions, even more pressure to destroy this charming residential neighborhood. We didn't stand a chance; the Chamber of Commerce "Bigger is Better" attitude controlled the City Council. We did accomplish two things - we succeeded in having the height of the Huntmont Building reduced from ten stories to six and we served notice on Alta Bates Hospital that we would fight any further expansion they might attempt.

The lines seem to have been drawn - the Hospital wants to expand further into the neighborhood and the neighborhood is unwilling to give.

The Medical Arms Race

For more than ten years, the 4,000 people who live in the immediate vicinity of Alta Bates Hospital have watched a large medical complex develop. As this community facility has shifted its marketing focus away from Berkeley, residents of Bateman, Willard Park, Claremont-Elmwood and Fairview Park have encountered many new problems. The noise of heavy construction, additional traffic, parking problems and proliferation of related medical buildings are among the difficulties. Thirty-four houses were lost to this expansion by Alta Bates and other medical interests.

Although Herrick and Alta Bates hospitals have completed major expansions during a period when Berkeley's population has dropped, Alta Bates now proposes major construction on a central site in a fragile residential area. The details have shifted as the hospital tries to find a formula that will calm neighbors' understandable fears. Residents are told trucks bearing pile drivers will only be allowed to come in non-peak traffic hours. A potential six story building becomes a three story building that may have an additional three story patient tower. New park space is proposed that requires removal of more homes and an apartment building the hospital doesn't own yet.

For residents who are still waiting for Alta Bates to meet its legal obligation to mitigate the impact of its last \$17 million round of construction, the current "master plan" seems untimely and poorly thought out. This is the year that the hospital is supposed to be tearing down an old building to comply with the use permit granted to build its 1975 unit. When neighbors propose leaving the old building up in exchange for modest park space on Alta Bates property, they are chided by administrators concerned about a "new" earthquake safety hazard in the 1928 building. It must be replaced with a new building they say, but only after the hospital can raise sufficient construction funds in 1985.

Today only 32 percent of Alta Bates' patients come from Berkeley. The chairman of the hospital's board of trustees lives in Oakland. The trustee leading their negotiating effort with the neighborhoods lives in Montclair. No member of the Bateman neighborhood serves on the Alta Bates board at a time when even the University of California has a student on the board of regents.

What follows is background on Alta Bates' latest expansion proposal. All this growth can not proceed without approval by the city and the Health Systems Agency. The HSA has the important task of assigning medical programs and equipment to individual hospitals to match up community need with institutional resources so that the health care delivery system works effectively, efficiently, economically and humanely. It avoids unnecessary duplication of services among competing hospitals on one hand and concentrating all services in one central site on the other.

Alta Bates' marketing strategy has been to concentrate services in its central site, competing with Children's Hospital and East Oakland clinics for high risk perinatal, with Highland for high risk obstetrical, with Herrick for dialysis centers and emergency services. Thus under the 'mandate' to achieve regionalization of services, Alta Bates has used its attractive location to draw services away from local communities and other institutions. Taken one at a time, the Alameda-Contra Costa Health Systems Agency has been unable or unwilling to oppose this centralization. The result of 10 years of expansion is a weakening of services elsewhere, and a strengthening of Alta Bates' position.

Centralizing these services at Alta Bates means patients who once could count on getting care they needed in their own neighborhood now may have to drive 20 miles to get care at Alta Bates. It means maternity services in San Pablo drops while Alta Bates gets a bigger share of the market. It means Oakland hospitals that would like to offer high risk obstetric service to residents of their local service area lose out to wealthier competitors like Alta Bates. This is the medical arms race.

Before these complex issues are decided, a thorough examination of all facets of the problem is required. What is the future of health care in northern Alameda County? How can each hospital best serve its own community? Does it make sense to force poor patients to drive long distances to help build up medical services in a more affluent community? Is this the time for a new approach to community care that puts doctors in the middle of areas that require their special services? Is it appropriate for hospitals to raid patients that have traditionally gone to another medical center? How can these issues be resolved through our local Health Systems Agency?

Getting the answers to these and other questions is going to take careful attention. That is why more time is needed before deciding the complex health planning issues central to the Alta Bates proposal. Small is not always beautiful. But giving the green light to major expansion before the Hospital has even filled up its last new unit seems questionable. It is time for the pressure of public relations to yield to a review of the questionable politics of medical regionalization.

The Long-Range Development Plan

Replacing the 1928 building was Alta Bates' justification in 1971 for knocking down houses and filling in streets to build their \$17 million new wing on Ashby Ave., the top floor of which is still not in full use. Now the hospital proposes to replace the 1928 building again, with \$25 million of new construction, including two new buildings with potential for 6-story towers, with up to triple the space of the 1928 building, and another four-story parking garage. Residents face up to seven years of heavy construction in the next ten years.

City approval for the \$17 million expansion nine years ago was conditioned on the removal of the 1928 building and Alta Bates foundation building on Ashby Avenue by March 1981. Since then, residents suffered through almost four years of demolition, heavy construction, street excavation and redesign, and then an ever-increasing flood of traffic, parking congestion, and noise as the hospital filled the new wing with programs and services and continued to use the old 1928 building as well.

For more than five years residents have worked through neighborhood groups to alleviate current impact and prevent future impacts of hospital growth. They are committed to acquiring open space. They are opposed to new construction.

The Impact on the Neighborhood is Dramatic. In the first decade of expansion residents face up to four two-year seiges of heavy construction. This means jackhammers, bulldozers, pile drivers, cement trucks, contractors' pickups and equipment and construction crews and their vehicles parked on the street, dust, pollution and noise. Recall Shattuck Avenue during BART consturction. Look at the Graduate Theological Seminary construction and notice the blocks of parking spaces occupied by construction vehicles. That is major disruption.

Who knows what impact we will face as the new buildings fill up with programs. Alta Bates does not say what programs will be housed there, and gives no meaningful estimate of the amount of traffic and parking congestion. In view of the trend toward shorter and shorter hospital stays and Alta Bates' interest in outpatient clinics and health maintenance organization, we can guess that the increase in numbers of patients and staff is likely to be geometric.

The Proposed Open Space is Pitifully Inadequate. The open space buffer zone proposed in trade for this major expansion almost equals that recommended by Hirshen and Silverstein to help mitigate the

current impact. What could be a significant amenity for the neighborhood if the hospital grew no larger would be reduced to little more than a window box if the hospital grew to six stories of concrete up to the sidewalks. Could you carry on a conversation on the grass beside South Hospital Drive with heavy construction going on across the street? And after the buildings are constructed, the programs are installed and staffed and in full swing, that little fringe of green will be just big enough for the employees to take their breaks and eat lunch in.

Could the hospital make good on this open space offer? Only three of the nine parcels at issue are owned by Alta Bates and only two of those could be converted to park use under current zoning.

Why Major Construction Here? There is not compelling reason to concentrate major construction on this site in a fragile residential setting. Programs can be moved off site. The long-range development report lists a group of such programs equal to the square footage of the 1928 building.

Alternative sites exist. Alta Bates has exported hospital programs and facilities to satellite settings by purchasing other hospitals and leasing medical office space. There is now Alta Bates at Albany (Hospital), Alta Bates at the Huntmont, Alta Bates at 3000 Colby, Alta Bates at the Solano Laboratory Building on Howe at Telegraph. And there are rumours of additional building purchases planned in southeast Berkeley and North Oakland. This is additional physical and program expansion.

The Lot Coverage Question. It's worth noting that the R-3 zone (medical and hospital use permitted) allows a lot coverage of 45% if the building is three stories or lower and sits on a corner lot. For four to six stories, 40% coverage is allowed. Alta Bates already occupies 150% of the allowable coverage at 66% current coverage. The city mandates removal of the 1928 building, reducing coverage to about 60%. At the end of Phase 3, the hospital will cover 70% of the continuous site, nearly twice the percentage the city allows.

The Rehabilitation Question. Alta Bates rejects possibility of rehabilitating the 1928 building. Why? School buildings are being earthquake-proofed all over Berkeley. It takes time, money, some attention to architectural values, community values, some imagination and some real and careful planning. And the willingness to do it.

THE ALTA BATES PARK ISSUE

Bateman neighborhood is a small pocket of older one and two-family homes in Berkeley's pleasant Elmwood district. The Oakland border and heavily traveled arterials of Ashby, Telegraph, and College Avenues ring the neighborhood and cut children off from Willard Park a mile north. No usable public open space exists in the neighborhood. Land is fragmented into small private lots. Narrow sidewalks are the only playground. The elderly have no place to sit down.

Alta Bates Hospital dominates the neighborhood and hospital expansion has been the major contributor to neighborhood deterioration, residents feel. Thirty-four homes have been put to the wrecking ball to accomodate hospital and related medical construction. After five years of cement trucks, jack hammers, construction crews, the huge grey shape of the 17million dollar addition to the Alta Bates complex stands where once were trees and brown shingle houses of Webster Street. And the traffic, noise, and parking congestion are still with us.

Even before the negative impact of medical expansion was felt, the City of Berkeley recognized the real deficiency in neighborhood open space and agreed to draw up plans for a minipark on the existing Colby Street closure near Prince south of the hospital. After passage of Measure Y in 1974 provided funds for neighborhood parks, the Bateman Neighborhood Association (BNA) formed an open space committee to inventory potential open space in the neighborhood and draft a proposal for Measure Y funding. The committee drafted the current plan after a search showed the neighborhood had no vacant land. BNA membership opposed condemning residential property and demolishing or removing homes, feeling that too many homes had been lost to medical expansion and reasoning that demolition would violate the Neighborhood Preservation Ordinance.

The committee did find that Alta Bates had overbuilt on its property while expanding. The city granted Alta Bates a variance to the zoning ordinance but required that the hospital maintain the site of the old 1928 building as open space after the new building was complete. The hospital also was required to maintain as open space the lot next to the hospital parking garage. Neither parcel is well situated for a park - one lot fronts Ashby Avenue and the other lies in the shadow of the medical buildings.

On the eve of the dedication of the 1975 building, the neighborhood suggested converting the small parking lot at the intersection of South Hospital Drive and Colby into a minipark. This suggestion was consistent with the hospital's pledge to the city to expand north

toward Ashby Avenue "to assure neighborhood residents that their residential zone was secure".

But the trustees rejected this idea two weeks prior to the opening of the new facility. Stephen Davenport, President of the hospital's Board of Trustees, announced that the board had decided to "decline to allow a neighborhood park on our land south of the hospital because more expansion is needed and the trustees consider the park site a 'land bank' for future hospital use."

The hospital's decision to move south toward the neighborhood was part of a long-range development plan, unveiled in July, 1980, that now includes a major building at Colby/South Hospital Drive. Only after the neighborhood agrees to permit this three- to six-story building, a second three- to six-story structure on Regent (replacing the 1928 and 1954 buildings), and a new parking garage on Webster, is the hospital willing to do something about park space. And much of this park land will be created on land occupied by residential and apartment buildings the hospital owns or wants to buy.

The neighborhood has consistently opposed moving out more residential structures. Aside from the inconvenience to displaced residents, city policy requires relocating these structures on other Berkeley land. A shortage of available space for such relocation makes this plan impractical. And residents who watched 34 houses disappear in the last round of medical expansion, are unenthusiastic about more of Alta Bates's urban removal. Given the city's current housing crisis, removing the apartment house at Regent and South Hospital Drive also seems inappropriate.

Neighborhood representatives have suggested Alta Bates should give the neighborhood the Health Testing Center site on Regent at Webster and the Emergency Parking lot on Colby and South Hospital and effectively close streets surrounding the hospital as part of a package compromise on the current issue. Under this arrangement the hospital would be allowed to retain use of its 1928 building on Regent Street. This plan would minimize disruption and represent a good faith compromise as the two sides continue to try to work out long range issues. One problem with the current stalemate is that \$75,000 appropriated for the park by the city has been sitting in the city treasury. Some residents fear that the hospital's determination to hold the park ransom for huge new construction plans means endless delay for the neighborhood. The fear is that this \$75,000 could be shifted to other priorities and the neighborhood would lose its chance for a park.

Using Open Space In The '68 & '75 Buildings

Instead of vacating the 1928 building in preparation for demolition, Alta Bates has filled it up with all sorts of new programs. Today the hospital has no plan to relocate these services in compliance with its nine-year-old legal obligation. No effort has been made to shift out these programs to other available space.

The neighborhoods have expressed willingness to retain the 1928 building in exchange for mitigation measures that include open space, street closures and other recommendations in the Hirshen-Silverstein report. Rehabilitation of this building is possible. But the hospital argues the cost of bringing the old structure up to current seismic standards is too high.

Why do the trustees argue the 1928 building is so seismically dangerous they can't leave it up and then turn around and push all sorts of patient programs into the structure? And why does their long-range plan propose keeping it for another five years? If it's dangerous they should move programs out, not in. If it can be made safe, rehabilitation would be a worthwhile alternative.

Either way, Alta Bates can accommodate those '28 programs that must remain on site in the 1968 and 1975 buildings. The following diagram shows the 21,000 square feet of '28 building programs that must stay in the area can fit into existing vacancies in the 1968 and 1975 buildings. If the '28 building is remodeled, these programs could move back. If the hospital tears it down, the services can remain in the 1968 and 1975 buildings. This is a far more economical and less disruptive solution than Alta Bates proposes.

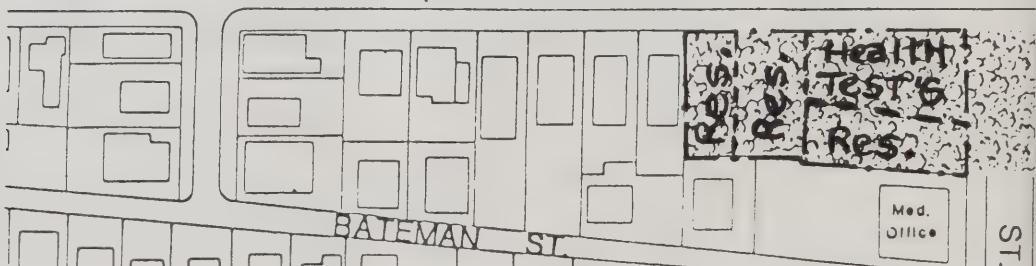
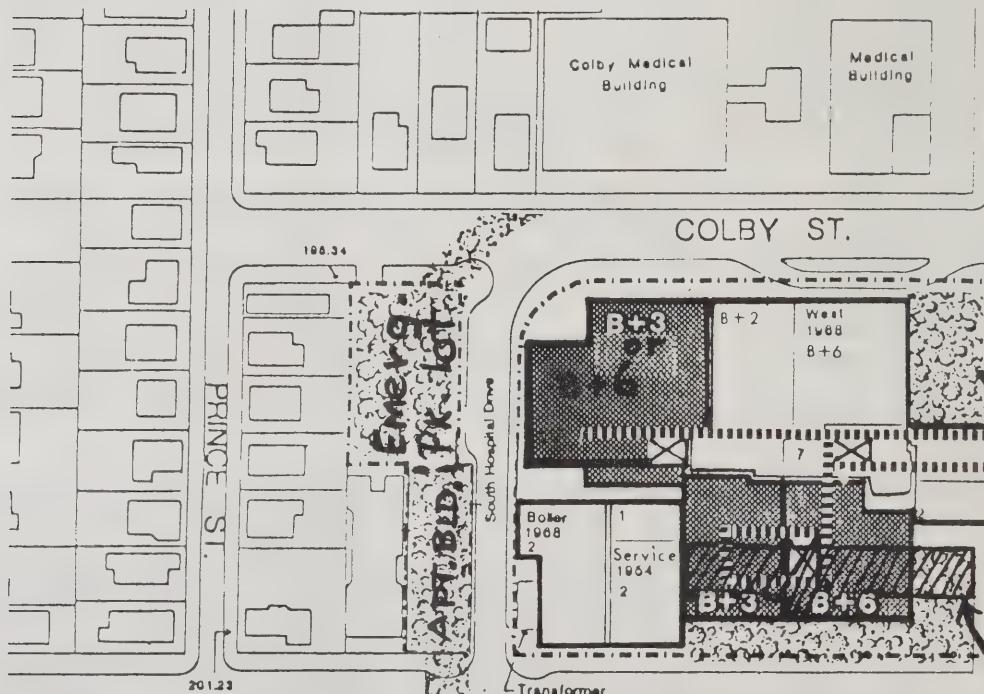
ALTA BATES HOSPITAL SITE PLAN ALTERNATIVES
(WORKING DRAFT) - AMENDED

SITE PLAN New Construction = Shaded
Phase 3

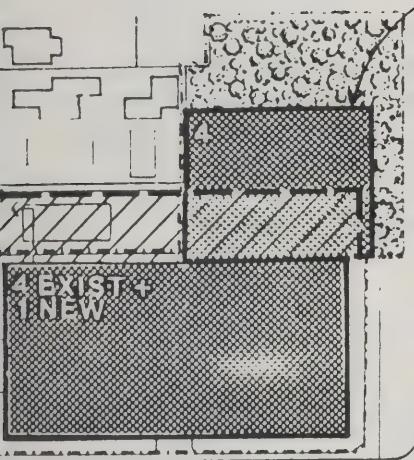


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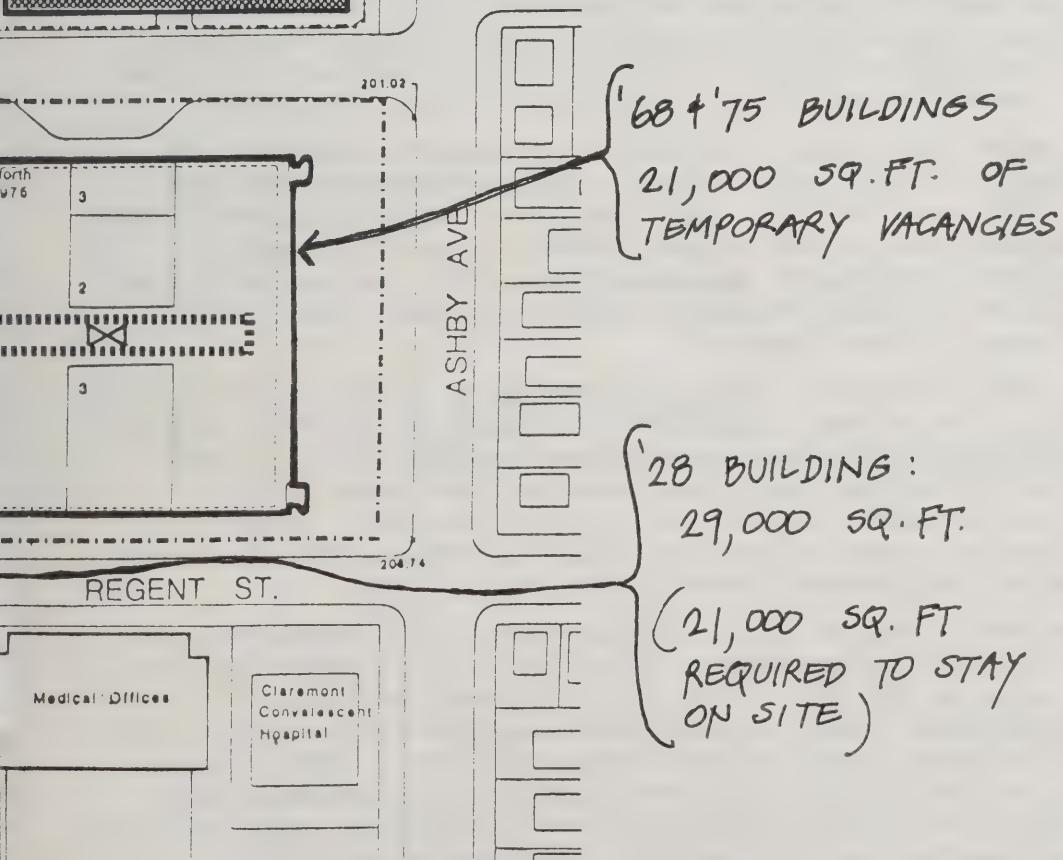
PARKING OPTION B



PARKING OPTION A



This diagram shows how Alta Bates can accommodate the 21,000 sq. ft. of programs that are required to stay on site in existing vacancies in the 1968 and 1975 buildings. Therefore it appears that they've delayed meeting their obligations to tear down the 1928 building as leverage toward approval of future expansion.



Summary of "TOWARD A COMMUNITY PLAN"
The Hirshen - Silverstein Report

This report describes the relationship between Alta Bates Hospital and the surrounding neighborhoods. It acknowledges that this is an adversary relationship, and the architects were presented with a dilemma when they were hired jointly by the two groups in June, 1978. The hospital directed Hirshen and Silverstein to find trade-offs for their expansion plans, while the neighborhood told them the issue of expansion itself was being challenged. The architects therefore decided to find a way of building a common ground of trust and agreement between the two groups.

The solution of the architects was a series of impact criteria and mitigation measures which they said should be realized before the issue of hospital expansion could be evaluated. These measures show how the hospital is, in its current form, negatively impacting its neighbors. The report recommends that, until these impacts are resolved, a ceiling on hospital growth should be set, and Alta Bates should not undertake any changes in program or physical plant.

The report also suggests a possible method of resolving hospital expansion with the neighborhood, after the impacts have been resolved. The impact criteria would supply the guidelines that future program expansion would have to meet. Also, a committee would be formed that was comprised of representatives from the hospital, the neighborhood and the city to evaluate future hospital plans and programs, in terms of their impacts.

The report contains a series of drawings of miniparks which ring the hospital. The two most significant of these parks, one at South Hospital Drive and Colby (now the emergency parking lot), and one which the Health Testing Center now occupies, were specifically intended to mitigate the current scale of the hospital. Other miniparks involve land owned by the city, such as streets, and the remaining few involve neighborhood houses and a nursing home.

These parks are part of the larger concept of a modulating zone described in detail in the report. The modulating zone when realized can bring together the open space of the streets, the hospital site, and the neighborhood lawns, together with newly created miniparks, and buildings that house community functions, to create a physical boundary and to "relate to both and prevent one from overwhelming the other". The report proposes that if the modulating zone were improved, both the neighborhood and the hospital could use and enjoy it.

It would increase the community's respect for the hospital, and would hopefully serve as a base for trust and respect between the two.

Where Do Alta Bates Patients Come From?

Berkeley - 32%

North Oakland - 33%

Richmond, El Cerrito - 13%

Orinda, Lafayette, Moraga - 6%

Other Parts of Contra Costa County - 7%

Other Parts of Alameda County - 4%

Elsewhere - 4%

-Source, Alta Bates Hospital

HIRSHEN-SILVERSTEIN STUDY
ALTA BATES HOSPITAL IMPACTS AND MITIGATION MEASURES
CURRENT STATUS OF RECOMMENDED COURSES OF ACTION
AUGUST 1980

	Impact Nature of Impact	Criteria	Verification/ Source
TRASH			
NEGATIVE IMAGE	Alta Bates Hospital does not relate to the immediately surrounding neighborhood except by adversely impacting it.	Institutions should offer surrounding residents special benefits to off-set localized negative impacts	ABH does not currently have any special programs designed to benefit the residents in the immediately surrounding area that are negatively impacted by its operation
CRIME	Increase in some crime statistics	A decline in overall crime statistical units but increases in robbery & residential burglary	Berkeley & Oakland crime statistics

Courses of Action		Responsibility	Completed	In Process	No Action	Comments
Joint Committee should formally request the City of Berkeley Health Dept. to regularly monitor ABH and Huntmont Bldg. Health Impacts	Joint Comm. City of Berk.		X			
<u>Develop a program of community services for residents of surrounding neighborhoods</u> -develop sick child care for neighborhood children -develop experimental preventative care programs with local residents as well as subject groups -open public areas of ABH for community use: meeting rooms, dining hall, etc.	ABH		X			Some ABH community services: -ABH cafeteria used regularly by our elderly neighbors -CPR series -Health Educ. Film series -Hall of Health (continuous) -Emergency Procedures (distributed door to door) -Health Education Fair -Health Care Seminars (monthly at noon) This is done on a very limited basis with health related community groups because of the limited availability of meeting rooms
Joint Comm. should encourage crime prevention education in the neighborhood and within the hospital	Joint Comm. Oak. & Berk. Police Dept.		X			ABH does crime prevention education with its employees

**Summary of Significant Impacts
Alta Bates Hospital Impacts and Mitigation Measures**

Impact	Nature of Impact	Criteria
PARKING	Off-street parking congestion due to AB staff and visitors' parking	No more than 195 cars generated by ABH during a typical one-hour period
OPEN SPACE	Visual impact due to inappropriate scale of ABH facilities relative to neighborhood residences	Boundary between medical community and residential areas must be developed as a transition zone
NOISE	Vehicles Trash compactors Blower Cooling Tower Traffic Gas meter Street sweeper, etc. Laundry room Fan Generator	Noise level should not be more than 45 dBA
TRAFFIC	Congestion on Ashby, College, and Telegraph Congestion on neighborhood streets	Not greater than maximum load Not more than 1000/day

Courses of Action	Completed
Remove 350 cars from the streets or 175 cars if they can achieve the pattern of uniform distribution vanpooling implement public transportation shuttle	No, but 75 cars have been removed No Some Yes
Develop open space on Colby between So. Hospital Drive and Prince Street Removal of temporary building at Regent and Webster and development of park Develop plantings	No No Yes
Lower the noise generated into the neighborhood by cars from ABH technical adjustments	Only in part Most dBA still not to 45
Work towards joint Berkeley - Oakland planning district Improve barriers, install bumps, one-way streets	No No

A Primer On City Zoning

Many of the issues concerning Alta Bates are raised in the form of disputes over land use and construction. Under the city's zoning ordinance, all land parcels are divided into zoning districts governing land use. Anyone who violates the ordinance is guilty of a misdemeanor. Structures or alterations which violate the ordinance may also be removed and/or the perpetrators enjoined from continuing the use or construction following appropriate legal action ordered by the city council.

Exceptions to zoning uses and regulations applicable to a parcel of land can be granted through variance procedures. Application is made to the Board of Adjustment which then schedules a public hearing. The variance can be granted if the board finds: 1) exceptional or extraordinary circumstances or conditions applying to the land, structure, or use that do not apply generally to land, structures or uses in the same zone 2) "the granting of the variance is necessary for the preservation and enjoyment of substantial property rights of the applicant" 3) the granting of the variance does not materially affect adversely the health or safety of persons residing or working in the neighborhood..."

The decision of the Board of Adjustments may be appealed to the City Council. They can return the matter to the board, in which case the board must hold another hearing. They can affirm the decision without a public hearing or hold a hearing and then reverse, affirm, affirm in part, or modify the Board's decision. They can also attach conditions to the variance when granting it.

The ordinance creating zoning districts specifies the uses permitted in each zone. In order to grant the use permit the Zoning Officer or Board must find that the "establishment, maintenance or operation of the use or building applied for will not, under the circumstances of the particular case, be detrimental to the health, safety,

peace, morals, comfort and general welfare" of neighborhood residents.

The zoning officer, board or city council may attach whatever conditions they deem necessary to a use permit to secure the purposes of the zoning ordinance. The applicant can appeal the decision of the Zoning Officer to the Board of Adjustments. The decision of the Board can be appealed to the City Council. Use permits may be revoked for non-compliance with any conditions designated in the use permit. Revocation proceedings can be initiated by resolution of the Board or the Council. Once a use permit is revoked, the building or use would become non-conforming, and, according to the ordinance, be unlawful and a public nuisance. The City Attorney is then empowered to commence any action or proceeding for the abatement, removal or injunction of the offending building or use, but only if ordered to do so by the City Council. Criminal penalties would also appear to be applicable.

ALTA BATES' USE PERMIT
DATE OF DECISION: APRIL 14, 1971

NOTICE OF DECISION

USE PERMIT NO. 6775
VARIANCES NOS. 537, 538
(Granting) (Decreeing) the (variance) (use permit) application of _____

ALTA BATES HOSPITAL

to permit construction of additions to the existing hospital and construction of a separate 4-level parking structure on property located at Regent Street
325 south of Ashby Avenue in the R-3 (Multiple Family Residential) District

under the following special conditions:

- (1) That there shall be a site plan review of the project as set forth in the proposed Regulation for MC Medical Center District (copy of the text attached); that this review shall include the limiting of external effects from any operation of the hospital under the attached standards.
- (2) That the older wing of the existing hospital shall be removed within five (5) years of completion of the proposed addition; that the space occupied by the older wing shall be retained substantially open.
- (3) That appropriate landscaping, as approved in the site plan review, shall be required in front of the parking structure.
- (4) That the operation of the parking structure shall be subject to review at a later date to determine the feasibility of allocating or reserving spaces to maximize use of the structure to the primary end of reducing



C123305925

This special report was written with help from members of the Willard Park, Bateman, Claremont-Elmwood and Fairview Park neighborhoods. Special thanks go to Julie Shearer, Joan Collignon, Ellen Drogin, Alan Carlson, Glen Jarvis, and Alan Steinbock.

Questions On Alta Bates?

For more information on this issue please contact Julie Shearer (549-3856), David Goldschmidt (848-8892) or Roger Rapoport (654-4276). Or write P.O. Box 5212 Berkeley, Ca. 94705.

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On March 30, the Berkeley Board of Zoning Adjustments will act on a request by Alta Bates Hospital to break its nine-year-old promise to the City of Berkeley to demolish a seismically dangerous building built in 1928 (condition 2 of the hospital's use permit #6775) until the hospital can replace it with \$43 million of phased construction in the Bateman neighborhood. Condition 2 states:

"That the older wing of the existing hospital shall be removed within five (5) years of completion of the proposed addition; that the space occupied by the older wing shall be retained substantially open."

We believe there is no legal, environmental, or medical justification for the proposed expansion. Our bitter experience with the hospital's \$17 million expansion in 1975 (which was supposed to replace the 1928 building) was documented in the environmental impact report by Hirshen and Silverstein in 1978. Now residents face up to 7 years of heavy construction and a quantum leap in traffic impact from the $\frac{1}{2}$ million car trips generated by the hospital's current operation.

Robert Montgomery admitted to the Board of Adjustment "no sick people housed in the 1928 building" to be "evicted" according to the hospital's public relations department. The hospital's estimates of space needs for future and current program expansions are "inflated," according to the State's critique of the hospital's Certificate of Need Application. Health professionals from the community at large have studied how expanding the high tech, expensive perinatal and high risk maternity programs proposed by Alta Bates will affect the quality and availability of medical care in the community. They concluded that such competitive expansion of intensive hospital services in an area that is already overbedded simply erodes the quality of care in underutilized hospitals, reduces availability of care (especially to the poor) when outlying facilities are closed, and drives up the cost of medical care generally (Shearer, M; Steinbach, A; and Goldschmidt, J).*

Representatives of four neighborhood associations (Bateman, Willard, CENA, and Fairview Park) have asked the Board of Adjustments to:

- 1) Uphold condition 2 of the hospital's use permit, requiring demolition of the 1928 building by June 8, 1981
and
- 2) Deny the hospital's \$43 million expansion plan for its negative environmental impact and its adverse effect on the quality, availability, and cost of health care in the community.

Please support the neighborhoods' position with a letter or resolution to the Berkeley Board of Zoning Adjustments, 2180 Milvia, Berkeley 94704 and attend the hearing on March 30, 7 p.m., City Council Chambers, City Hall.

For further information, contact Marietta Harvey - 843-8469 Willard Co-Chair
Ellen Drogan - 653-0590 Fairview Pk. Pres.
Julie Shearer - 549-3856 Bateman

*Reports limited. Available on request.

